

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-018708

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 816

FILED MAY 28 1962

## 1. PLACE OF DEATH

a. COUNTY

Greene

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

Springfield

Length of stay in 1b

6 years

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

604 South Avenue

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY Greene

c. CITY  
OR  
TOWN Springfield

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

604 South Avenue

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

VERTIE

Middle

MELISSA

Last

ROSIER

4. DATE  
OF  
DEATH

Month

May

Day

20,

Year

1962

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

12/9/1887

## 9. AGE (last birthday)

74

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Manager

## 10b. KIND OF BUSINESS OR INDUSTRY

Apartments

## 11. BIRTHPLACE (City and state or country)

Unknown

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Unknown

## 13b. MOTHER'S MAIDEN NAME

Unknown

## 14. NAME OF HUSBAND OR WIFE

Lewis (Deceased)

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) No

(If yes, give war or dates of serv) None

## 16.

0

## 17. INFORMANT Lamar, Missouri.

G.G. Sherman, 710 Gulf St.,

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Cerebral thrombosis

## INTERVAL BETWEEN ONSET AND DEATH

&lt; 1 hr

## DUE TO (b)

Cerebral arteriosclerosis

&gt; 5 yr

## DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Diabetes mellitus

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. I attended the deceased from

5-14-51

to 5-21-62

and last saw her alive on

5-5-62

## Death occurred

1:30

P.

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

5/22/1962

## 23c. NAME OF CEMETERY OR CREMATORY

East Lawn Cemetery

## 23d. LOCATION (City, town, or county)

Springfield, Missouri.

## 24. FUNERAL DIRECTOR

Springfield, Missouri.

## 25. DATE RECD. BY LOCAL REG.

5-21-62

## 26. REGISTRAR'S SIGNATURE

Effie S. Meekins

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300

Rev. 4/59

10397

20397

3

4 1

5 2

6

7 9

8 2

9332X

10

11

12 90-0

13

MAY 29 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Repha H. Levine*

Licensed Embalmer No. 3681

P. O. Address Springfield, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

*Repha H. Levine*

*5-22-62*